



**Public Health Clinic - Patient Information Form**  
Please complete all information requested below, so we can contact you if you need additional tests or treatment, or you miss your appointment.



**Patient Name:** \_\_\_\_\_  
Last First MI Jr/Sr I II III

**Other Name Used:** \_\_\_\_\_  
Last First MI Jr/Sr I II III

**Birth Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Gender:** ☐ Male ☐ Female ☐ Transgender ☐ Other  
Month Day Year

**Homeless Status:**  
☐ Not Homeless Homeless: ☐ Staying at a shelter ☐ Living outside ☐ Other living arrangements ☐ Unable to specify further

**Current Address:** \_\_\_\_\_  
Street (If homeless, state cross streets & city) Apt. # City State Zipcode

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Other contact #:** (\_\_\_\_) \_\_\_\_\_  
Cell / Pager (circle)

**Mother's Maiden Name:** \_\_\_\_\_ **E-mail:** (optional) \_\_\_\_\_

**Place of work/school:** \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Birth Place:** ☐ CA ☐ Other State (specify) \_\_\_\_\_ ☐ Other Country (specify) \_\_\_\_\_

**Social Security #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Medi-Cal #:** \_\_\_\_\_

**Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Domestic Partnership ☐ Widowed

**Spouse/Partner Name:** \_\_\_\_\_  
Last First MI Jr/Sr I II III

**Race/Ethnicity:** ☐ White ☐ Black ☐ Hispanic ☐ Native American/Eskimo/Aleut ☐ Asian  
☐ Native Hawaiian / Pacific Islander ☐ Filipino ☐ Unknown ☐ Other

**Preferred Language:**  
☐ English ☐ Spanish ☐ Cantonese ☐ Mandarin ☐ Vietnamese ☐ Korean ☐ Tagalog ☐ Armenian ☐ Cambodian  
☐ Russian ☐ Farsi ☐ Other (specify) \_\_\_\_\_ ☐ Prefers American Sign Language

**Mother's Full Name:** \_\_\_\_\_  
Last First MI Jr/Sr I II III

**Father's Full Name:** \_\_\_\_\_  
Last First MI Jr/Sr I II III

**Person to Notify in Case of Emergency**

**Relationship:**

☐ Parent ☐ Guardian ☐ Spouse ☐ Domestic Partner  
☐ Brother / Sister ☐ Friend ☐ Other  
Last First MI Jr/Sr I II III  
Street Address Unit # City State Zipcode

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell/Work:** (\_\_\_\_) \_\_\_\_\_

**PF#:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Updated on:** \_\_\_\_\_  
(office use only) 1 ☐ 2 ☐ 3 ☐